

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539508

FILING DATE

6-17-05

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8	1					
9	1					
10	1					
11	1					
12	3					
13	(1)					
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TOTAL IND.	2	↓		↓	↓	
TOTAL DEP.	14	←		←	←	
TOTAL CLAIMS	16	██████	██████	██████	██████	

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←		←	←	
TOTAL CLAIMS		██████	██████	██████	██████	